APPENDIX 3: PROJECT STATUS, LOGISTICS, AND MONETIZATION REPORT TEMPLATES

Note: This is a suggested format for complying with GFE Agreement reporting requirements. Cooperating Sponsors may provide this information in another format as long as

- 1. the alternative format provides all of the required information; and
- 2. the alternative format is an electronic spreadsheet.

Remember, the GFE Project Status report is an additional reporting requirement, in addition to the Logistics and Monetization Reports required for all food aid projects.

1. Cooperating Sponsor	
2. Agreement Number	

3. Country Name(s)						
4. Final Report?	YES	1	NO		5. Report # (1,2, etc.)	
6. Report Date					7. Reporting Period	

8. Report on the number, frequency, and average size of meals provided. This will include snacks, meals, and/or take-home rations that are given in a school setting. Required data for this table are:
Number of meals provided each month
Frequency with which meals are provided
Average size of meals (in grams)

Table A.
TOTAL MEALS PROVIDED

School	Name:												
		Mon	th #1	Month #2		Month #3		Month #4		Month #5		Month #6	
Frequency* Please select		Num of meal (#)	Avg. Size/ meal (g)	Num (#)	Avg. Size/ meal (g)	Num (#)	Avg. Size/ meal (g)	Num (#)	Avg. Size (g)	Num (#)	Avg. Size (g)	Num (#)	Avg. Size (g)
Each Day													
Each Week													
Each Month													
Other													

^{*}Please select the appropriate distribution frequency and provide data only for that frequency type. If other is selected, please indicate the frequency below:

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- 2. the alternative format is an electronic spreadsheet.

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Cooperating Sponsor	
Agreement Number	

9. Report on monthly enrollment for each school in your program. Required data for this table are: Name of school

Total enrollment at beginning of the month by gender

Monthly count of those who dropped out of the program by gender

Monthly count of those who attended < 10 days in that month by gender

Monthly count of those who attended < 50% of the time, during that month by gender

Table B. ENROLLMENT AND ATTENDANCE RECORDS

	Schoo	chool Name:											
	Mo	Month #1		Month #2		Month #3		Month #4		Month #5		Month #6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Femal e	
Beginning enrollment													
Number who dropped out													
# Attending < 10 days per month													
# Attending < 50% of the time													

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Cooperating Sponsor	
Agreement Number	

10. Report on monthly attendance by student. Required data for this table are:

The name of the school

The unique name (or other identifier) of each student in the school

The gender of each student in the school

The number of days per month that the student attended school, when food was distributed The number of days per month that the student attended school, when food was NOT distributed.

ATTENDANCE RECORDS

Cooperating Sponsors are required to maintain attendance records of all students from schools that are participating in the GFE program. CCC may request, on a random basis, copies of such records. Attendance records must be maintained by gender and stipulate if the child received food under the GFE program.

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1. the alternative format provides all of the required information; and

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Cooperating Sponsor	
Agreement Number	

11.	In	the	space	below,	, please	provide	informa	tion on	the	establish	ment of	any pa	rent-	teach	er
asso	ciat	ions	s, or	trainin	ng course	es offer	ed to pa	rents a	nd/or	teachers	. Also,	report	any	assis	tance
rece	ived	lfro	om any	other	donors,	and any	special	health	and	nutrition	compone	ents of	this	GFE	program.

12. In the space below, please provide information on the establishment of any infrastructure provided to any school provided for under the GFE agreement.

13. If students are monitored for weight and/or growth circumferences, please attach that information to this report.

Save completed report locally as a WordPerfect document. Submit report as an e-mail attachment to PEBReports@fas.usda.gov. E-mail questions and comments about this form to the same e-mail address.

Mailing address (for audits and/or hard copy reports):

Branch Chief Evaluation and Special Projects Branch PPDED, Export Credits, Stop 1034 1400 Independence Avenue Washington, D.C. 20250

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GENERAL COMMODITY INFORMATION

(quantities in actual MT) Include sub-totals (by commodity) and totals

Commodity	Agreement Allocation	Amount Received	Date Received Month/Year	Balance	Expected Delivery Date
Total					

Table B.

(Specify when, where, and why.)

COMMODITY RECEIPT AND LOSSES

(quantities in actual MT) Include sub-totals (by commodity) and totals

					Losses/Dam	nages (L/D)			
Report # (1,2, etc.)	Commo- dity	Bill of Lading Amount	Amount Rec'd at Port (Survey Report)	Ocean Tran- sport L/D	Inland Transport L/D	Ware- house L/D	Distri- bution L/D	Total Losses/ Damages	Balance
Total									

9. Provide an explanation for any commodity losses/damages, and any problems encountered in the commodity delivery process.

10. List any claims on lost or defective goods. What is current status of these claims?
11. Was the port able to adequately handle the commodity offloading without a large loss of commodity; did the port authorities and customs authorities handle the commodity clearance process efficiently? Was the surveyor present? Was he cooperative? Note name and firm of surveyor.

12. Were any measures taken to cut down on warehouse expenses, i.e. sharing space with other commodities, other PVOs, etc.?							
13. Were t	there any security m	easures that worked	d well or not well (v	warehousing)?			
14. Did the	e country's intermo	dal system (trucking	g, rail, etc.) provide	timely delivery? What were yo	ur experiences?		
<u>DIRECT DISTRIBUTION INFORMATION</u> If no commodities were used for direct distribution/feeding during this reporting period, go directly to the Monetization Information section of this report.							
Table C.			5 15 15 Cm 5				
			(quantities	ISTRIBUTION in actual MT)			
		II	nclude sub-totals (b	y commodity) and totals			
Report #	Commodity	Amount Distributed (MT)	Distribution Region	Type of Institution (Include Food for Work)	Number of Recipient Institutions	Number of Beneficiaries	
Sub- total							
Total							
15. What have been the project impacts on the beneficiaries and the community? How did the targeted recipients/participants respond to the food aid/donation?							

16. Compare the progress to date with planned project targets.
17. Describe how the monitoring procedures as outlined in the agreement are functioning, noting any adjustments or changes made.
18. Was the commodity appropriate for the country/region? If not, could another commodity and/or package type have been used that would have improved the program?
19. Has this distribution program helped reduce the need for future food aid? Have new or are potential development prospects evident?

			((Use this sect	MONETIZATIO	ON INFOR	RMATION res sale of commo	odities)				
20. Sa	ales - Wer	e any co	mmoditie	s sold during	this reporting po	eriod?						
Y	'ES		NO									
If NO	, use this	block to	provide a	brief explan	ation and fill out	only the	Aggregate section	n in Table D.				
Table	D.					ALES ide Totals)					
Repo	rt# Co	ommod- ity		te(s) of Sale Month/Yr)	Amount So	old (MT)	Price per MT (LC)	MT Exchange Rate (LC USD)		.C to	Procee Genera (LC)	ited
	Sul	b-totals										
		gregate tals										
21. Ba	arter - We	re any co	ommoditio	es bartered ir	n exchange for ot	ther comm	odities or service	s?				
YES	3	NO										
If yes	, please de	escribe tl	ne terms o	of the barter i	n this block.							
22. H	as a separa	ate speci	al interest	t bearing acco	ount been establi	ished?			YES		NO	
Table l	E.				SPECIAL FUI	NDS ACC	OUNT					
Re- port #		Beginning Sales Interest Balance (LC) CLC (LC) Cher Program Income (LC) Cher Program)					
	Aggr.											

23. Use	23. Use of Funds - Were any funds disbursed from the Special Funds Account during this reporting period?					
YES	NO					
If NO, u	se this block	to provide a brief explanation.				
Table F.		USE OF FUNDS (values in thousands) Include Totals				
Report #	Amount (LC)	Use of Funds				
Total						
24. Descr	ibe any issue	s or discrepancies in the monetization process and procedure.				
25. Descr	ibe any probl	ems encountered in the receipt and disbursement of funds:				
26. Descrinature?	ribe your exp	erience with the local banking system. Is it more capable of dealing with future transactions of a similar				

FINAL INFORMATION (Complete this section for all programs)
27. Describe how this program has helped develop infrastructure/marketing channels (i.e. ports, warehouses, inter-mobile transportation systems, stores, commodity markets, etc.)
28. Is there an increase in privatization?
29. Were taxes levied on the imported commodities? If so, was it at a level such that program implementation was jeopardized?
30. If the (salvageable) commodity had to be reconstituted, what was done to minimize the commodity loss? Would dual language commodity labels aid in the program's effectiveness? Why or why not?
31. Were program objectives accomplished as defined in the signed agreement? If so, to what degree? (Both qualitative and quantitative if feasible). What objectives were left unaccomplished? Why?
32. What were the short and long-term direct/indirect impacts of the program to the targeted recipients/participants?
33. Unexpected project outcomes, both positive and negative, as defined in the signed agreement should be noted. (Both qualitative and quantitative if feasible).
34. Has your organization had an audit (which meets the A-133 audit guidelines) within the last year? If yes, please submit audit, with a cover letter, to the address below. If no, please explain.

Save completed report locally as a WordPerfect document. Submit report as an e-mail attachment to PEBReports@fas.usda.gov. E-mail questions and comments about this form to the same e-mail address.

35. How were your dealings with USDA? Did you encounter problems with any of the regulations or rules regarding the program? Do you feel that the forms, web sites, and staff are friendly and useful? What recommendations would you make to improve or

Mailing address (for audits and/or hard copy reports):

streamline these or other areas?

Branch Chief Evaluation and Special Projects Branch PPDED, Export Credits, Stop 1034 1400 Independence Avenue Washington, D.C. 20250